A	pplication	or D	ocket Num	ber							
IALL EI	YTITY	OR	OTHER THAN SMALL ENTITY								
RATE	FEE		RATE	FEE							
ASIC FEE	355.00	OR	BASIC FEE	710.00							
X\$ 9=		OR	X\$18=								
X40=		OR	X80=								
+135=		OR	+270=								
TOTAL		OR	TOTAL								
OTHER THAN SMALL ENTITY OR SMALL ENTITY											
RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE							
X\$ 9=		OR	X\$18=								
X40=		OR	X80=								
-135 =		OR	+270=								
TOTAL DIT. FEE		OR	TOTAL ADDIT. FEE								
RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE							
X\$ 9=		OR	X\$18=								
X40=		OR	X80=								
-135=	35=		+270=								
TOTAL DIT. FEE		OR	TOTAL ADDIT. FEE.								

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

OLAMO AO EU ED. DADTI												
			S FILED - PART I		(Column 2)			SMALL ENTITY TYPE		OR	OTHER THAN OR SMALL ENTITY	
TOTAL CLAIMS 36							RATE	FEE		RATE	FEE	
FOR		NUMBER FILED		NUMBER EXTRA			BASIC FEE	355.00	OR	BASIC FEE	710.00	
TOTAL CHARGEABLE CLAIMS			3 (minus 20=		* 1 C			X\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS) minus 3 = 1		* 10			X40=		OR	X80=	
MULTIPLE DEPENDENT CLAIM PI			RESENT				+135=		OR	+270=		
* If the difference in column 1 is less than zero, enter "0" in column					column 2	1	TOTAL		OR	TOTAL		
CLAIMS AS AMENDED - PART II								TOTAL		JON	OTHER	THAN
(Column 1)				(Colur		(Column 3)		SMALL	ENTITY	OR	SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	***		=		X40=		OR	X80=	
	FIRST PRESE	NTATION OF MI	JLTIPLE DEF	PENDENT	CLAIM			+135=		OR	+270=	
							Ĺ	TOTAL			TOTAL	
		(Column 1)		(Colur	mn 2)	(Column 3)	,	ADDIT. FEE		1 011	ADDIT. FEE	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIC PAID	EST BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=		X40=		OR	X80=	
	FIRST PRESE	NTATION OF MU	JETIPLE DEF	PENDENT	CLAIM		!	+135=		OR	+270=	
	•						A	TOTAL ADDIT. FEE		OR	TOTAL ADDIT, FEE	
		(Column 1)		(Colur		(Column 3)	_					
AMENDMENT C	•	CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIC PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL _FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent		Minus	***		=		X40=		OR	X80=	
	FIRST PRESE	NTATION OF MI	TUBLÉ DE	ENDENT	CLAIM		- -	.105			.270	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.												
** (** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.											